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Change of Correspondence Address (Patent)
"Fee Address" Indication Form

Attorney Docket No.: 126484/11939 (21635-0119-01)
Application No.: 10/764,769
Filed: January 26, 2004

US Patent No.: 6,994,219
Issued: February 7, 2006

FAX NUMBER: (717) 237-5300

PARALEGAL RESPONSIBLE: Holly J. Lawrence TELEPHONE: (717) 237-5239

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PTO/SB/21 (02-04)

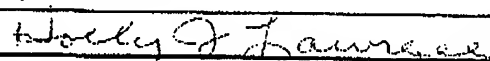
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/764,769 Patent No. 6,994,219
		Filing Date	26-Jan-2004 Issue Date: 07-Feb-2006
		First Named Inventor	ROTH et al.
		Art Unit	3653
		Examiner Name	MILLER, Jonathan R.
Total Number of Pages in This Submission	5	Attorney Docket Number	126484/11939 (21635-0119-01)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (Please identify below): Certificate of Fax Transmittal Fee Address Indication Form
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Firm or Individual name	McNees Wallace & Nurick LLC Shawn K. Leppo, Attorney Reg. No. 50,311
Signature	 #50,311
Date	March 21, 2006

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CHANGE OF CORRESPONDENCE ADDRESS Patent Address to: Mail Stop Post Issue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Patent Number	6,994,219
	Issue Date	February 7, 2006
	Application Number	10/764,769
	Filing Date	January 26, 2004
	First Named Inventor	ROTH et al.
	Attorney Docket Number	126484/11939 (21635-0119-01)

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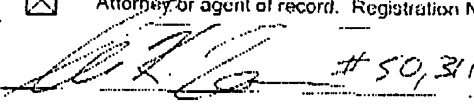
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☒ Attorney or agent of record. Registration Number 50,311.

Signature  #50,311

Typed or Printed Name **Shawn K. Leppo**

Date **March 21, 2006** Telephone **(717) 237-5218**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Transmittal Form

Change of Correspondence Address - Patent

"Fee Address" Indication Form

Certificate of Fax Transmittal

Attorney Docket No.: 126484/11939 (21635-0119-01)

Application No.: 10/764,769 Filed: January 26, 2004

Patent No.: 6,994,219 Issued: February 7, 2006

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